

## Appendix C: Grant Survey Form & Instructions

### INSTRUCTIONS FOR COMPLETING GRANT SURVEY FORM

For the purposes of confidentiality, survey forms should be numbered to correspond with the Random Sample Spreadsheet.

1. **Survey Form Number**  
Indicate in this box the number of the house as identified on the corresponding random sample spreadsheet. This information is needed to validate the survey. **Note: Survey information will not be accepted unless it is tied to a corresponding random sample spreadsheet.**
2. **Number of Persons in the Family**  
This number will include all residents temporarily away from the surveyed family (e.g. college students, persons on extended vacation, etc.) **Note: If there is more than one family residing in the house/apartment, a separate form should be completed by each family.**
3. **Family Income**  
Income is determined by computing the total income of all family members for the last three (3) months and then multiplying that number by four (4), including persons temporarily away from the family/house. **Note: In come is not limited to salaries, wages, and tips. All other forms of income as specified by the Internal Revenue Service should be included (e.g. payments received from social security, pensions, annuities, dividends, taxable interest income, tax exempt interest income, IRA distributions, etc.)**
4. **Above or Below**  
Simply identify the box which appropriately determines the number of persons in the family. If the total family income amount is above the dollar amount listed in this box, check the “Above ( )” category. If the total family income amount is below the dollar amount listed in this box, check the “Below ( )” category. **Note: To determine the appropriate dollar amounts to be identified in each block, reference the current “Income Limits” document on the OCRA website.**
5. **Family Ethnic and Racial Information**  
Racial and ethnic information is needed for data reporting purposes. Each member in family should be designated by race. A number should be placed in the Hispanic column for each family member who considers themselves of Hispanic ethnicity. If the resident chooses not to answer this question, the box “refuses to answer” should be marked.
6. **Family Makeup**  
Enter the number of elderly (62 years or older) in family. Enter the number of severely disabled adults in the family. Indicate by checking Yes or No if the head of the family is female.
7. **Date**  
Enter the date the form was completed.
8. **Signature of Person Conducting the Interview**  
If the survey forms are mailed, this line is to be left blank. If the survey is done via telephone or door to door, this is the signature of the interviewer.
9. **Check the box in the bottom left corner of the survey form if the answer to Question 3 is determined to be “Below.”** If so, this residency is to be considered a “low- to moderate-income family.”

Survey Form Number: \_\_\_\_\_

The City/Town of \_\_\_\_\_ is conducting this survey to obtain information necessary to apply for a Community Development Block Grant. It is extremely important to the success of this application that you complete the following survey. If you have any questions concerning this survey, please call \_\_\_\_\_.

1. Determine the correct number of person(s) in your family and circle that number in the appropriate box below.
2. Look at the amount of money listed in the block that is circled. Is the total family income above or below that amount of money? (see instructions for calculating income)
3. Place a check after either "Above" or "Below" to match the appropriate answer in Question 2.

1 Person \$ Above ( ) Below ( )	2 Persons \$ Above ( ) Below ( )	3 Persons \$ Above ( ) Below ( )	4 Persons \$ Above ( ) Below ( )	5 Persons \$ Above ( ) Below ( )	6 Persons \$ Above ( ) Below ( )	7 Persons \$ Above ( ) Below ( )	8 Persons \$ Above ( ) Below ( )
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The income limits listed in the boxes above are from the county of: \_\_\_\_\_

<b>FAMILY RACIAL/ETHNIC INFORMATION:</b>	
<b>Respondents may refuse to provide the following information by marking this box: Refuse to Answer</b>	
Number in Family	Of Hispanic Origin
White	
Black/African American	
Black/African American and White	
Asian	
American Indian/Alaskan Native	
Native Hawaiian/Other Pacific Islander	
American Indian/ Alaskan Native and White	
Asian and White	
American Indian/Alaskan Native and Black/African American	
Other Multi-Racial	
<b>TOTAL PERSONS IN FAMILY:</b>	

**Family Make-up:**

Enter number of elderly or severely disabled family members.

Number of Elderly: \_\_\_\_\_ Number of Severely Disabled: \_\_\_\_\_

Indicate with an "X" if a female head of household is present: \_\_\_\_\_ Yes \_\_\_\_\_ No

Date this Form Was Completed: \_\_\_\_\_

Signature of Interviewer: \_\_\_\_\_  
(phone/door-to-door survey's only)

Check box if answer to Question 3 is "Below"